



**EDI/EFT VENDOR PROFILE  
BWXT Y-12, L.L.C.**



<b>REQUEST TYPE</b>	<input type="checkbox"/> NEW PROFILE	<input type="checkbox"/> MODIFY PROFILE	<input type="checkbox"/> DELETE PROFILE
<b>VENDOR INFORMATION</b>			
<b>NAME</b>	<b>CHECK REMITTANCE (IN CASE OF EFT FAILURE)</b>		
	<b>NAME</b>		
<b>ADDRESS</b>	<b>ADDRESS</b>		
<b>CONTACT</b>	<b>TAXPAYER ID NUMBER</b>		
<b>PHONE</b>	E-MAIL ADDRESS		
<b>RECEIVING FINANCIAL INSTITUTION</b>			
<b>BANK NAME</b>	BANK CONTACT		
BANK ADDRESS (CITY AND STATE)	BANK CONTACT PHONE NUMBER		
<b>ROUTING &amp; TRANSIT NUMBER (RTN)</b>	<b>ACCOUNT TYPE</b>		
<b>BANK ACCOUNT NUMBER</b>	<input type="checkbox"/> <b>CHECKING (DDA)</b> <input type="checkbox"/> <b>OR SAVINGS</b>		
<b>BWXT Y-12, L.L.C./BANK INFORMATION</b>			
VENDOR CODE	<b>ACH PAYMENT FORMAT</b>		
	<input type="checkbox"/> <b>CTX</b> <input type="checkbox"/> <b>CCD+</b>		
VENDOR PURCHASE ORDER NUMBERS (PROVIDE 1-3)			
TRANSPORTATION VENDOR		BWXT BUYER	PHONE
<input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>ADVICE FORMAT</b>			
<input type="checkbox"/> <b>A)</b>	<b>NACHA FORMATTED CTX PAYMENT AND REMITTANCE ADVICE TO YOUR BANK USING ASC X12 820 VERSION 4010.</b>		
<input type="checkbox"/> <b>B)</b>	<b>NACHA FORMATTED CCD PAYMENT TO YOUR BANK AND REMITTANCE ADVICE E-MAILED DIRECTLY TO YOU FROM BWXT Y-12, L.L.C.</b>		
<b>VENDOR (RECEIVER)</b>	<b>BWXT Y-12, L.L.C. (ORIGINATOR)</b>		
<b>BY (SIGNATURE)</b>	BY		
TITLE	TITLE		
	<b>Treasury Services Representative</b>		
DATE	DATE		
	DATE ENTERED IN SAP		
	DATE VERIFIED		

**ALL FIELDS IN BOLD LETTERING ARE REQUIRED**

*For questions regarding electronic deposits or for assistance with this form call (865) 241-3489.*

**FAX FORM TO: (865) 574-4967**